

|   |                          |                                       |   |                |   |          |   |                          |   |          |  |          |
|---|--------------------------|---------------------------------------|---|----------------|---|----------|---|--------------------------|---|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                          | Docket Number (Optional)<br>44097/100 |   |                |   |          |   |                          |   |          |  |          |
| <p style="text-align: center;"><b>CERTIFICATE OF MAILING</b><br/>           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____<br/>Name: _____</p> <p style="text-align: center;">In re Application of Maurizio Catello Pennarola</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number 10/520,613</td> <td style="width: 50%;">Filed 9/8/2005</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">For AVIONIC SYSTEM AND GROUND STATION FOR AIRCRAFT<br/>OUT OF ROUTE MANAGEMENT AND ALARM<br/>COMMUNICATIONS</td> </tr> <tr> <td style="text-align: center;">Group Art Unit 3664</td> <td style="text-align: center;">Examiner Nikhil Sriraman</td> </tr> </table>   |                          |                                       | Application Number 10/520,613   | Filed 9/8/2005 | For AVIONIC SYSTEM AND GROUND STATION FOR AIRCRAFT<br>OUT OF ROUTE MANAGEMENT AND ALARM<br>COMMUNICATIONS |          | Group Art Unit 3664   | Examiner Nikhil Sriraman |   |          |  |          |
| Application Number 10/520,613   | Filed 9/8/2005           |                                       |   |                |   |          |   |                          |   |          |  |          |
| For AVIONIC SYSTEM AND GROUND STATION FOR AIRCRAFT<br>OUT OF ROUTE MANAGEMENT AND ALARM<br>COMMUNICATIONS   |                          |                                       |   |                |   |          |   |                          |   |          |  |          |
| Group Art Unit 3664   | Examiner Nikhil Sriraman |                                       |   |                |   |          |   |                          |   |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td style="width: 30%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td style="text-align: right;">\$ 1,110</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p style="text-align: center;">_____<br/>/Gunnar G. Leinberg/<br/>_____<br/>Signature</p> <p style="text-align: right;">_____<br/>August 24, 2009<br/>_____<br/>Date</p> <p style="text-align: center;">_____<br/>Gunnar G. Leinberg<br/>_____<br/>Typed or printed name</p> <p style="text-align: right;">_____<br/>(585) 263-1014<br/>_____<br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |                          |                                       | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) | \$ _____       | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)                                   | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) | \$ 1,110                 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)   | \$ _____                 |                                       |   |                |   |          |   |                          |   |          |  |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)   | \$ _____                 |                                       |   |                |   |          |   |                          |   |          |  |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)   | \$ 1,110                 |                                       |   |                |   |          |   |                          |   |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)   | \$ _____                 |                                       |   |                |   |          |   |                          |   |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)  | \$ _____                 |                                       |   |                |   |          |   |                          |   |          |  |          |